

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

USPS MAIL PERMIT NO. 1011
 Commissioner of Patents
 P.O. Box 450
 Alexandria, VA 22312-1450

2. Article Number
 (Transfer from service label)

7003 0500 0002 4164 7294

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540



COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Print Name) Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

RECEIVED

3. Service Type:

- ☒ Certified Mail ☐ Express Mail
- ☐ Registered ☒ Return Receipt for Merchandise
- ☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

RECEIVED
 NOV - 3 2003
 TC 2800 MAIL ROOM

02-592
 Todd Murray
 26 N. 2nd Street
 Mpls, Mn 55403

Sender, please print your name, address, and ZIP+4 in this box.

First-Class Mail
 Postage & Fees Paid
 USPS
 Permit No. G-10



UNITED STATES POSTAL SERVICE

